

## CONSTRUCTION ARBITRATION RULES DEMAND FOR ARBITRATION

<b>Mediation:</b> If you would like the AAA to contact the other parties and attempt to arrange a mediation, please check this box . There is no additional administrative fee for this service.			
Name of Respondent:			
Address:			
City:	State:	Zip Code:	
Phone No.:	Fax No.:		
Email Address:			
Name of Representative (if known):			
Name of Firm (if applicable):			
Representative's Address:			
City:	State:	Zip Code:	
Phone No.:	Fax No.:		
Email Address:			
The named claimant, a party to an arbitration agreement dated , which provides for arbitration under the Construction Industry Rules of the American Arbitration Association, hereby demands arbitration.			
Arbitration Clause: Please indicate whether the contract containing the dispute resolution clause governing this dispute is a standard industry form contract (such as AIA, ConsensusDOCS or AGC) or a customized contract for the specific project.  Contract Form:  The Nature of the Dispute:			
Dollar Amount of Claim: \$			
Other Relief Sought: Attorneys Fees Interest Arbitration Costs Punitive/Exemplary Other:			
Amount Enclosed: \$ In accordance with Fee Schedule: Flexible Fee Schedule Standard Fee Schedule			
Please describe appropriate qualifications for arbitrator(s) to be appointed to hear this dispute:  Hearing Locale Requested:			
Hearing Locale Requested:			
Project Site:			



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Estimated Time Needed for Hearings Overall:	hours or	days	
Specify Type of Business:			
Claimant:	Respondent:		
You are hereby notified that a copy of our arbitration agreement and this demand are being filed with the American Arbitration Association with a request that it commence administration of the arbitration. The AAA will provide notice of your opportunity to file an answering statement.			
Signature (may be signed by a representative):	Date:		
Name of Claimant:			
Address (to be used in connection with this case):			
City:	State:	Zip Code:	
Phone No.:	Fax No.:		
Email Address:			
Name of Representative:			
Name of Firm (if applicable):			
Representative's Address:			
City:	State:	Zip Code:	
Phone No.:	Fax No.:		
Email Address:			
To begin proceedings, please send a copy of this Demand and the Arbitration Agreement, along with the filing fee as provided for in the Rules, to: American Arbitration Association, Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043. Send the original Demand to the Respondent.			